

CITIZENS' ACADEMY
APPLICATION

Name: _____
Last First Middle Initial

Address: _____

City State Zip

Phone: _____
Home Work

Date of Birth: _____ Race (Optional): _____ Sex: M / F

Would you please state below why you are interested in attending the Redmond Police/Fire Citizens' Academy:

How did you hear about the Academy: _____

I, _____, authorize the Redmond Police Department and its agents and employees, to conduct a review of the records of the Redmond Police Department and other law enforcement agencies for the purpose of confirming that I am of good character. I hereby release the City of Redmond and all of its agents and employees from any liability which may arise out of the criminal history check, including liability arising from a negative recommendation based upon erroneous information.

Dated this _____ day of _____, 2005.

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Signature